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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Doyle Hartman		
Address P. O. Box 10426, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gutman	Well No. 2	Pool Name, Including Formation Eumont (Penrose)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>21-S</u> Range <u>36-E</u> , NMPL, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EI Paso Natural Gas Company	P. O. Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No May 28, 1980	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-28-80	Date Compl. Ready to Prod. 5-20-80		Total Depth 4213		F.B.T.D. 4190			
Elevations (DF, RAB, RT, GR, etc.) 3535 G.L.	Name of Producing Formation Penrose		Top Oil/Gas Pay 3527		Tubing Depth 3604			
Perforations 3527 - 3715 w/19 (Penrose)					Depth Casing Shoe 4209			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		429		300 (Circ 75)			
7 7/8	5 1/2		4209		850 (Circ 80)			
	2 3/8		3604					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 280	Length of Test 24 Hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (puff, back pr.) Choke Nipple	Tubing Pressure (Shut-in) SITP= 240, FTP= 136	Casing Pressure (Shut-in) SICP= 250, FCP= 183	Choke Size 18/64

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Michelle Nemelice
(Signature)

Administrative Assistant

May 21, 1980

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

1980

SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

WELL NAME & NUMBER Gutman #2

LOCATION Sec. 13, T-21-S, R-36-E, Lea County, New Mexico
(Give Unit, Section, Township and Range)

OPERATOR Doyle Hartman, C & K Petroleum Bldg., Suite 508, Midland, Texas 79701

DRILLING CONTRACTOR Kenai Drilling of Texas, Inc., P. O. Box 6725, Odessa, Texas 79762

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/2 430</u>	<u></u>	<u></u>	<u></u>
<u>1/2 918</u>	<u></u>	<u></u>	<u></u>
<u>1' 1,232</u>	<u></u>	<u></u>	<u></u>
<u>1/2 1,428</u>	<u></u>	<u></u>	<u></u>
<u>1 1,945</u>	<u></u>	<u></u>	<u></u>
<u>1 2,439</u>	<u></u>	<u></u>	<u></u>
<u>1-3/4 2,714</u>	<u></u>	<u></u>	<u></u>
<u>2 3,437</u>	<u></u>	<u></u>	<u></u>
<u>1 3,941</u>	<u></u>	<u></u>	<u></u>
<u>3/4 4,200</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

Drilling Contractor Kenai Drilling of Texas, Inc.

By R. A. Smith
R. A. Smith, Drilling Engineer

Subscribed and sworn to before me this 16th day of May, 19 80

Barbara J. LaGrone
Notary Public Barbara J. LaGrone

My Commission Expires 8-22-81

Ector County Texas